

Masland (H. C.)

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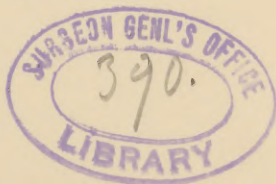
**OVARIAN CYST WITH INTERNAL HEMOR-  
RHAGE; OPERATION; RECOVERY.**

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THE case here reported came under my observation while resident physician at the Wilkes-Barre City Hospital. Because of its complication it seems worthy of mention among reported cases of ovariectomy. I am indebted to Dr. J. A. Murphy for his courtesy in permitting this publication.

Mrs. M., thirty-seven years old, has borne ten children. She states that she has had fever after the birth of four of them. Following the birth of her last child, four months before admission to the hospital, she had chills and fever. Since the birth of the last child she has noticed herself gradually growing larger, without troublesome symptoms, till Friday evening, January 22, 1892, when she was seized with sharp pain in the left side, spreading thence over the abdomen. There was at the same time marked prostration, irritable stomach, chills, fever, extreme thirst. There was a feeling of great distention and a sensation as though something had ruptured.

The woman was admitted to the hospital on the following Monday. On admission she complained of sharp pain in the left side. The breathing was rapid and labored; the pulse frequent and weak; the temperature 101°. There was excessive thirst, but nothing could be retained by the stomach.



On the following day abdominal section was performed by Dr. Murphy. The tumor proved to be, as diagnosed, a large ovarian cyst. There were numerous slight adhesions to the abdominal wall that were easily broken up. The pedicle was small and was ligated with comparative ease. The operation was performed with the strictest aseptic precautions. No drainage-tube was used.

The ether was administered for an hour and fifteen minutes. Prior to its administration a hypodermatic injection of strychnine was given. Whiskey and digitalis were each injected once during the course of the operation.

At the commencement of the anesthetization the pulse was 146 in the minute, the temperature  $102^{\circ}$ . Throughout the operation the general condition, if at all changed, was somewhat improved. At the close of the operation the temperature was  $101.6^{\circ}$ , the pulse 128.

The tumor weighed about thirty pounds. On examination, its inner surface was found covered with a layer of coagulated blood. This hemorrhage into the sac, it was believed, accounted for the acute symptoms of the previous Friday evening.

The patient reacted well and progressed steadily to perfect health. The bowels, inclined to be constipated, moved freely after the administration of salts. Catheterization was also necessary for a few days following the operation.

Union took place by primary intention. The patient was discharged eighteen days after the operation.

This case was especially interesting to those who witnessed the operation because of the internal hemorrhage. Prof. Goodell<sup>1</sup> speaks of hemorrhage within the sac as an occasional accident, with consequent septicemia if not immediately operated upon, operation being the sole chance of life.

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<sup>1</sup> Lessons in Gynecology, 3d ed., p. 432.

In this case the clot was well formed, had undergone contraction and was firmly adherent to the cyst-wall. The serum of the blood was intimately mixed with the ovarian fluid. There was no evidence of any destructive change in progress.

In this case it appeared that had the circumstances been favorable, the clot might have gone on to complete organization.

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